

---

 Organization Name \_\_\_\_\_

# Disaster Planning Checklist for Camps

	Yes	Needs Attention
1. Do you have a team that can take charge during any emergency situation? Do members of the team fill the roles of communication, evacuation, first aid, and emergency supplies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you maintain equipment needed for emergency fire protection, first aid, communication, transportation, and backup power?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you consulted area experts like police, fire, or emergency personnel about special considerations for your plan?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your disaster plan identify a safe place to gather in the event of an exterior threat like a tornado?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your disaster plan include an evacuation plan for interior threats, such as fires or bomb threats? Does it include a well-defined escape route? Are the locations of all doors, windows, and stairways clearly mapped out?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the evacuation plan designate outdoor gathering areas that are at least 150 feet away from the buildings?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your disaster plan specify which employees and/or volunteers are in charge of leading groups from different areas of the camp?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all evacuation routes and procedures outlined in the disaster plan posted in highly visible areas throughout your facility?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you inform all campers, staff, and groups of your emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you practice evacuation drills on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you maintain and distribute copies of the disaster plan to all people who would respond to an emergency? (The plan should include each person's responsibilities and 24-hour phone numbers.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you update and distribute a list of important information and phone numbers? (Police and fire departments, hospitals, your camp's insurance agent and policy number, telephone, gas, and electric companies, building maintenance and security.)	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this checklist should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual assumes no liability in preparation and distribution of this checklist. ©2020 Brotherhood Mutual Insurance Company. All rights reserved.*